POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AM G		4/20/00
O.I.P.E. CLASSIFIER	& an	//	U/7 (7)(1)(1)
FORMALITY REVIEW	· · · · · ·		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
RESPONSE FORMALITY REVIEW			
	K9553		1-19-00

INDEX OF CLAIMS

•	Rejected	N	Non-elected
=	Allowed	1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

î	=(Through numeral)	Allowed Canceled	l A		4
	Claim Date	Claim	Date	Claim	Date .
	Claim Doate	Final Original			
	Prinal Origin	Pinal		Final	1 1
		51 52		101	
		53		102	
		54	 	104	
	-	55		105	
	6	56		106	
		57		107	
	8 1,1 1	58		108	
		59	++	109	
		60	++++	110	
		62	 	112	-
	13 / 1	63	 	113	
	14	64		114	-
	15 = .	65		115	
	16 17	66		116	
	17 J J J J	67		117	
	18	68		118	++++
	19	69	 	119	
	20	70	 	120	
	21	71 72	++++	121	
	23	73	 	123	
	24	74	 	124	
	25	75	 	125	
	26	76		126	
	27	77		127	
	28	78		128	
	29	79		129	
	30 31	80		130	
	32	82	 	131	
	33	83	 	133	
•	34	84	 	134	
	25	85	 	135	- - - - - -
	36	86		136	
	37	87		137	
	38	88		138	
	39	89		139	
	40	90		140	
	41	91	+	141	
	42 43	92	 	142	
	44 44	93 94	╅┼┼┼┼	143	++++
	45	95	 - - - - - 	144	
	46	96	 	146	
	47	97	 	147	
	48	98	 	148	
	49	99		149	
	50	100		150	

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)